PTO/SB06 (08-03)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Under the Paperwork F<br>PATEI   | AT APPLICA                                | tion fe    | E DETER                                     | MINATION          | R  | ECORD              | mader deci-            | AppGca60   | n fr Docket Numb        | a intriber.   |
|--|---|------------|---|-------------------|----|--------------------|------------------------|------------|-------------------------|---|
| Substitute for Form PTO-875  |   |            |   |                   |    |                    |                        |            | ك عدد                   | 4   |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |            |   |                   | ,  | SMALL ENTITY       |                        | OR         | OTHER THAN SMALL ENTITY |   |
| FOR NUMBER FILED   |   |            | KUMBE                                       | KUMBER EXTRA      |    |                    | FEE                    |            | RATE                    | FEE   |
| BASIC FEE<br>(37 CFR 1.16(4))  |   |            |   | ļ                 |    | <u></u>            | OR                     |            |                         |   |
| TOTAL CLAIMS<br>(37 CFR 1.16(d)  | G   | minus 20 = |   | •                 |    | × 8                |                        | <b>O</b> R | × 6=                    |   |
| INDEPENDENT CLAIMS   | LAIMS minus 3 =                           |            |   |                   |    | x ٤=               |                        | OR         | X 8=                    |   |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR L16(d))                         |   |            |   |                   |    | +;=                |                        | OR         | +1                      |   |
| * if the difference in column 1 is less than zero, enter "" in column 2. |   |            |   |                   |    | TOTAL              |                        | OR         | TOTAL                   |   |
|  |   |            |   |                   |    |                    |                        |            |                         |   |
| CLAIMS AS AMENDED - PART II  X-15-0 (Cotumn 1) (Cotumn 2) (Cotumn 3)     |   |            |   |                   |    | SMALL E            | YTTM                   | OR         | OTHER<br>SMALL E        |   |
| $\frac{0}{1}$  | CLAIMS<br>REMAINING                       |            | HIGHEST<br>NUMBER                           | PRESENT<br>EXTRA  |    | RATE               | ADOF<br>TIONAL         | ٠          | RATE                    | ADDI-<br>TIONAL   |
| Z Total  | AFTER<br>AMENDMENT                        |            | PAID FOR                                    |                   |    |                    | FEE                    | }          | <del></del>             | FEE   |
| Total .  | 20  | Minus .    | 20  |                   |    | x s=               | <del> -</del>          | OR         | X 5=                    | $-\!$ |
| Z Independent<br>III (27 CFR 1.1600)                                     | .3  | Minus      | <u> 3</u> _                                 |                   |    | x s=               |                        | OR         | X 8=                    |   |
| FIRST PRESENTATION OF MILITIPLE DEPENDENT CLASS (\$7 CFR 1.16(d))        |   |            |   |                   |    | +1 =               |                        | OR         | +s_=                    |   |
|  |   |            |   |                   |    | TOTAL<br>ADO'L FEE | 4                      | OR         | ADOL FEE                |   |
|  | (Column 1)                                |            | (Cotumn 2)                                  | (Column 3)        | τ. |                    | •                      | ٦.         |                         |   |
| = 3123 of  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT           |    | RATE               | ADOH<br>TIONAL<br>FEE  |            | RATE                    | ADOI-<br>TIONAL<br>FEE  |
| Total S Or CFR L. 1843   | AMEROMEN!                                 | Minus      | - me  | - /               | 1  | x \$=              |                        | OR         | x \$=                   |   |
| Total (profest.usca)  Independent (profest.usca)                         | ·500                                      | Minus      | <del></del>                                 | -/                | 1  | x s=               |                        | OR         | x 3                     |   |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (17 CFR 1.16(4))           |   |            |   |                   | 1  | +5=                |                        | OR         | +:/-                    |   |
|  |   |            |   |                   | _  | TOTAL<br>ADO'L FEE | ٠.                     | OR         | TOTAL<br>ADOL FEE       | L   |
|  | (Column 1)                                |            | (Calumn 2)                                  | (Column 3)        |    |                    | •                      | _          |                         |   |
| <del> -</del>  | CLAIMS<br>REMAINING<br>AFTER              |            | HIGHEST<br>NUMBER<br>PREVIOUSLY             | PRESENT           |    | RATE               | ADOI-<br>TIONAL<br>FEE |            | RATE                    | ADDI-<br>TIONAL<br>FEE  |
| Total  | AMENDMENT                                 | Minus      | PAID FOR                                    | -                 | 1  | x s=               | 1                      | OR         | x s=                    |   |
| (27 CFR 1.16(d)  | -   | Minus      | <del></del>                                 | -                 | 1  | × 5                | 1                      | OR         | xs=                     |   |
| 5  |   |            |   | OSB 1 18/4\\      | 1  |                    |                        | OR         | +: *                    |   |
| FIRST PRESEN   | TATION OF MULTIPL                         | E DEPENDE  | HI CLAM (37                                 | CFR 1.10(9);      | لـ | TOTAL              |                        | - OR       | TOTAL                   |   |
|  |   |            |   | معرباهم والعدودات |    | ADD'L FEE          |                        | ~ لـ       | ACC C F C C             |   |

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<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independing is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO in process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. USPTO in the USPTO. Time will vary depending upon the Individual case. Any comments including gathering, preparing, and surbmitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.